

Behavioral Health Service Organization (BHSO)
Provider Type 03
[907 KAR 15:020](#)

Information about the program:

- Provider must contact the [Office of Inspector General \(OIG\)](#) for survey/licensure
- Provider can only be an entity - NO INDIVIDUALS
- Provider must have a permanent physical address/location

Application Information and Supporting Documentation required for processing

- [Map-811 \(Enrollment\) application](#)
- [Map-811 Addendum E](#) and verification of bank account/routing number such as voided check or bank letter if provider chooses to enroll in direct deposit
- [Map-347](#) for each actively enrolled behavioral health professional working in facility (Licensed Professional Clinical Counselor (LPCC), Psychologist, Licensed Clinical Social Worker (LCSW), etc.,)
- IRS letter of verification of FEIN or Official IRS documentation stating FEIN. FEIN must be pre-printed by IRS on documentation. W-9 forms will not be accepted
- BHSO license (current and reflecting requested enrollment date)
- [NPI and Taxonomy Code Verification](#)

Submit the completed MAP-811 (Enrollment) application and supporting documentation to:

KY Medicaid
Provider Enrollment
P.O. Box 2110
Frankfort, KY 40602

Important address:

For Licensure, contact
Office of Inspector General
275 East Main Street
Frankfort, KY 40621
Phone: 502-564-7963